



**LICENSING UNIT (BAR)**  
P.O. Box 989001  
West Sacramento, CA 95798-9001  
(916) 255-3145



## LIMITED LIABILITY COMPANY

Bureau of Automotive Repair  
APPLICATION FOR AUTOMOTIVE REPAIR DEALER REGISTRATION  
Fee \$200.00

### For Department Use Only

Registration Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Business Type: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

### INSTRUCTIONS:

1. Read instructions and all information contained in this application.
2. Remit fees by check or money order made payable to the Licensing Unit. Fees are a processing fee and non-refundable.
3. Submit completed application with all requirements to the Licensing Unit at the above address. An incomplete application will be returned to you.
4. All information is mandatory and is required under Business and Professions Code Section 9884 and California Code of Regulations Section 3351.
5. This application is **NOT** for use by a Sole-Proprietorship, Partnership or Corporation. Please call (916) 255-3145 to obtain the appropriate application form.

Please type or print legibly in ink.

1. Name of Business: _____ (AS SHOWN ON INVOICES AND ADVERTISEMENTS)	
2. Name of Limited Liability Company: _____ (AS FILED WITH THE OFFICE OF THE SECRETARY OF STATE OF THE STATE OF CALIFORNIA)	
3. Business Address: _____ Number and Street, Unit or Suite Number City State Zip Code	
NOTE: If this is a multiple facility address you must include the unit/suite number	
4. Mailing Address: _____ Number and Street or Post Office Box City State Zip Code	
5. Business Area Code and Telephone Number: ( ) _____	
6. List All Persons that are Members of the Limited Liability Company: If necessary, list additional members on page 4 of the application. Enter Full Legal Names. <b>NO INITIALS.</b> If a legal name contains initials only, so state. <ul style="list-style-type: none"> <li>➤ If a Member is a <b>PARTNERSHIP</b>, list <b>all</b> Partners.</li> <li>➤ If a Member is a <b>CORPORATION</b>, list <b>all</b> Officers and Directors of the corporation. The list must include the Chief Executive Officer, (i.e. President), Secretary and Chief Financial Officer (i.e. Treasurer). If the same person holds all corporate offices, you <b>must</b> so state in the application.</li> <li>➤ If a Member is a <b>TRUST</b>, disclosure is required and you must list <b>all</b> Trustees.</li> </ul> To ensure the accuracy of information entered and for identification purposes, you must <b>attach</b> a photocopy of <b>each</b> person's driver's license. If the driver's license is not applicable, <b>attach</b> another form of current photo identification.	
Full Name: _____ Last First Middle	Title: _____
Address: _____ Number and Street Unit or Suite Number City State Zip Code	Drivers License Number: _____
Full Name: _____ Last First Middle	Title: _____
Address: _____ Number and Street Unit or Suite Number City State Zip Code	Drivers License Number: _____
Full Name: _____ Last First Middle	Title: _____
Address: _____ Number and Street Unit or Suite Number City State Zip Code	Drivers License Number: _____

7. Applicant's Background: Pertains to each person listed in number 6 of the application.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> a) <b>VIOLATIONS:</b>  Has a person in number 6, been convicted of any offense in this state, or elsewhere?  If YES, you <b>must</b> provide a <b>DETAILED</b> statement, including the crime for which there was a Conviction, the approximate date, location, and sentence served, if any. (For the purpose of this question "offense" does not apply to minor traffic violations) </div> <div style="width: 15%; text-align: right;"> <input type="checkbox"/> YES   <input type="checkbox"/> NO </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> b) <b>DISCIPLINE:</b>  Has a person listed in number 6, had an auto repair registration or license denied, suspended, revoked or placed on probation? If YES, you <b>must</b> provide a <b>DETAILED</b> statement. </div> <div style="width: 15%; text-align: right;"> <input type="checkbox"/> YES   <input type="checkbox"/> NO </div> </div>		
c) List Business name and registration number of any <b>CURRENT</b> automotive repair registration held by any person listed in number 6. Attach additional sheets if necessary.		
d) List Business name and registration number of any <b>PRIOR</b> automotive repair registration held by any person listed in number 6. Attach additional sheets if necessary.		
8. In accordance with Business and Professions Code Section 9884 and California Code of Regulations Section 3351 enter the NUMBER assigned to the Domestic or Foreign Limited Liability Company. Under Corporations Code Section 17000 and 17450 all limited liability companies must be registered as a Domestic or Foreign Limited Liability Company in good standing with the California Secretary of State. Attach a copy of the supporting limited liability company forms, where requested.		
a) For a <b>DOMESTIC</b> Limited Liability Company, enter the NUMBER assigned by the California Secretary of State.  DOMESTIC NUMBER: _____ <b>Attach</b> a copy of your Domestic Limited Liability Company forms, as follows: Limited Liability Company Articles of Organization and Charter Limited Liability Company Statement of Information Limited Liability Company Operating Agreement If a Member of the Domestic Limited Liability Company is a Trust, disclosure is required and you <b>must</b> attach a copy of the Trust Agreement.		
b) For a <b>FOREIGN</b> Limited Liability Company, enter the NUMBER assigned by the California Secretary of State.  FOREIGN NUMBER: _____ <b>Attach</b> a copy of your Foreign Limited Liability Company forms, as follows: Certificate of Registration Limited Liability Company Operating Agreement Limited Liability Company Statement of Information Limited Liability Company Articles of Organization and Charter in which the limited liability company was formed under the laws of <u>another</u> state. If a Member of the Foreign Limited Liability Company is a Trust, disclosure is required and you <b>must</b> attach a copy of the Trust Agreement.		
9. <b>Attach</b> copies of the following permits/licenses. (Write the assigned permit/license number in the space provided).  a) Seller Permit Number: (As assigned by the California Board of Equalization). _____  b) Federal Employer Identification Number: (As assigned by the Department of Treasury - IRS). _____  c) Business License Number: (As assigned by the local city or county official of that jurisdiction). _____ (If the office of jurisdiction does not require a business permit/license, attach a detailed statement dated and signed by a person listed in number 6 of the application).		
10. Type of Business: Use the list below to identify the type of business you will perform at your Automotive Repair Dealership.  a) Number _____ <b>best</b> describes your primary business. b) Number _____ describes your secondary specialization, if any.		
10. General Repair 11. Service Station 12. Smog Check Station 13. Auto Body and/or Paint Shop 14. New Used Car Dealer 15. Used Cars Only Dealer 16. Chain Store 17. Motorcycle Repair Shop	18. Engine Rebuilding /Repair 19. Mobile Automotive Repair 20. Automotive Diagnostic Center 21. Auto Wrecker/Dismantler 22. Glass Shop 23. Transmission Repair Shop 24. Brake/ Front End Alignment Shop 25. Muffler/Exhaust Repair Shop	26. Radiator Repair Shop 27. Machine Shop 28. Tire Shop 29. Automotive Training School/College 30. Auto Air Conditioning Shop 31. Trailer Hitch Installation 32. Other _____

<p>c) If you are an Auto Body and/or Paint Shop, do you have the required permits, licenses and equipment to operate an Auto body and/paint shop?.</p> <p><b>If yes, you <u>must</u> answer section d, e and f.</b></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>d) Pursuant to Business and Professions Code Section 9889.52 an application for registration as an Auto Body and/or Paint Shop <u>may</u> be required by law to have the licenses/permits listed below. If required, write the license/permit number where requested. (Contact your local city/county business license office, Environmental Protection Agency and Air Quality Management or Pollution Control District for requirements, if any.)</p> <p>1. Hazardous Waste Identification Number: (Assigned by the United States or California Environmental Protection Agency) _____</p> <p>2. Spray Booth Permit Number: (Assigned by the local Air Quality Management or Pollution Control District) _____</p>	
<p>e) Under California Code of Regulations Section 3351.5 (a) An auto body repair shop that performs automotive painting is required to have all equipment and current reference manuals necessary to paint and repair non-structural damage; Do you have the following?</p> <p>1. Corrosion protection application equipment? <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span></p> <p>2. Equipment capable of applying exterior corrosion resistant primers, anticorrosion compounds and topcoats? <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span></p>	
<p>f) Under California Code of Regulations Section 3351.5 (b) An auto body repair shop that performs structural repair shall have all repair, measuring and testing equipment and current reference manuals necessary to diagnose, section, replace or repair structural damage, do you have following?</p> <p>1. A three dimensional measuring system that can locate points with the dimensions of length, width, and height, relative to three defined reference planes? <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span></p> <p>2. A four-point anchoring system capable of holding a vehicle in a stationary position during structural and body pulls which is suitable for the types of vehicles being repaired? <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span></p> <p>3. Equipment capable of making multiple body and structural pulls. <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span></p> <p>4. A Metal Inert Gas (MIG) welder with an output of at least 110 amps for unibody repairs and an output of 200 amps for conventional frame repairs or capable of meeting trade standards for the work being performed? <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span></p> <p>5. Corrosion protection equipment for treating enclosed areas on unibodies and frame assemblies including pressurized spray equipment, flexible and rigid wands capable of reaching full length inside enclosed spray heads capable of 360-degree spray application and spray heads capable of a fan shaped pattern. <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span></p>	
<p>11. Certification: The Certification <u>must</u> be signed and dated by <u>each</u> person shown in number 6 of the application. <u>ALL</u> additional persons must also sign and date the Certification shown on page 4 of this application.</p> <p><b>PLEASE NOTE: Pursuant to Business and Professions Code Sections 9884.6 (a) You may <u>not</u> perform any activities at this location for which you are required to possess a valid Automotive Repair Dealer Registration, until a Registration is issued: 9884.4 A registration shall cease to be valid when the Director finds that any of the information provided by this form, which the Director by regulation deems material, ceases to be current: and, Title 16 California Code of Regulations Section 3351. The application shall be accompanied by the registration fee and such evidence, statements or documents as therein required.</b></p> <p>I, certify under penalty of perjury under the laws of the State of California that all statements made in this application and all the attached supporting documents pertaining to this application are true and correct and the business is located in an area that is zoned for and permits the operation of a motor vehicle repair facility.</p> <div style="margin-top: 10px;"> <p>Signature _____ Title _____ Date _____</p> <p>Signature _____ Title _____ Date _____</p> <p>Signature _____ Title _____ Date _____</p> </div>	
<p><b><u>IMPORTANT</u></b></p> <p>All information is mandatory under Business and Professions Code Section 9884 and California Code of Regulations Section 3351. <b><u>If any information is omitted (including supporting forms), the application will be returned to you for completion.</u></b> Failure to provide any of the required information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for registration as an automotive repair dealer.</p> <p>Per California Civil Code, Section 1798.17 (Information Practice Act), the Director of the Department is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code.</p> <p>When a change in ownership takes place, you must cease operating as an auto repair dealer and submit a new application and fee. A change in ownership means <u>any</u> change in the legal ownership of the business, including the addition or deletion of a member or the transfer of any ownership interest between members (such as by sale, gift, or the death of a member), and/or change of business entity.</p> <p>Any change of business name or address must be reported in writing to the Department of Consumers Affairs within 14 days. Pursuant to Business and Profession Code Sections 9884.4, a registration shall cease to be valid when the Director finds that <u>any</u> of the information provided by this form, which the Director by regulation deems material, ceases to be current: 9884.6 (a) It is unlawful for any person to be an automotive repair dealer unless that person has a <u>valid</u> registration: and, 9884.16 No person required to have a valid registration under the provisions of this chapter shall have the benefit of any lien for labor or materials or the right to sue on a contract for motor vehicle repairs done by him unless he has a <u>valid</u> registration.</p>	

BUSINESS NAME	LIMITED LIABILITY COMPANY NAME:
<p>6. CONTINUED: List <b><u>ALL</u></b> additional persons that are Members of the Limited Liability Company.</p> <p>To ensure the accuracy of information entered and for identification purposes, you must <b><u>attach</u></b> a photocopy of <b><u>each</u></b> person's driver's license. If the driver's license is not applicable, attach another form of current photo identification.</p>	
Full Name:      Last                                  First                                  Middle	Title:
Address:      Number and Street      Unit or Suite Number                                  City                                  State                                  Zip Code	Drivers License Number:
Full Name:      Last                                  First                                  Middle	Title:
Address:      Number and Street      Unit or Suite Number                                  City                                  State                                  Zip Code	Drivers License Number:
Full Name:      Last                                  First                                  Middle	Title:
Address:      Number and Street      Unit or Suite Number                                  City                                  State                                  Zip Code	Drivers License Number:
Full Name:      Last                                  First                                  Middle	Title:
Address:      Number and Street      Unit or Suite Number                                  City                                  State                                  Zip Code	Drivers License Number:
Full Name:      Last                                  First                                  Middle	Title:
Address:      Number and Street      Unit or Suite Number                                  City                                  State                                  Zip Code	Drivers License Number:
<p>11. CONTINUED: Certification by additional members.</p> <p>Certification: <u>All</u> additional persons shown above in section 6, must date and sign the certification shown below.</p> <p><b>PLEASE NOTE: Pursuant to Business and Professions Code Sections 9884.6(a) you may <u>NOT</u> perform any activities at this location for which you are required to possess a valid Automotive Repair Dealer Registration, until a Registration is issued: 9884.4 A registration shall cease to be valid when the Director finds that any of the information provided by this form, which the Director by regulation deems material, ceases to be current: and, Title 16 California Code of Regulations Section 3351. The application shall be accompanied by the registration fee and such evidence, statements or documents as therein required.</b></p> <p>I, certify under penalty of perjury under the laws of the State of California that all statements made in this application and all the attached supporting documents pertaining to this application are true and correct and the business is located in an area that is zoned for and permits the operation of a motor vehicle repair facility.</p> <div style="margin-top: 20px;"> <div>Signature _____ Title _____ Date _____</div> <div>Signature _____ Title _____ Date _____</div> <div>Signature _____ Title _____ Date _____</div> <div>Signature _____ Title _____ Date _____</div> <div>Signature _____ Title _____ Date _____</div> </div>	

## INFORMATION

### APPLICATION FOR REGISTRATION:

Complete the attached application. Give all applicable information, according to instructions. Send the completed application and the \$200 fee for each location to the Licensing Unit in Sacramento. After your registration is approved and processed, you will be mailed a Certificate of Registration. The average processing time is 4-6 weeks from the receipt of your application, providing the application does not have any deficiencies.

### CHANGE OF BUSINESS NAME OR ADDRESS:

If the business name or address changes, call (916) 255-3145 to request a Change of Name/Address Form. The Bureau of Automotive Repair must be notified of a name or address change within 14 days.

### CHANGE IN OWNERSHIP:

An ownership change consists of any change in legal ownership of the licensed business, including the purchase of an existing business, addition or deletion of a partner, the transfer of any ownership interest between members of family, change of the business entity by incorporation of the business or a change in the corporate status that requires a new corporate number as issued by the Secretary of State.

### RENEWAL OF REGISTRATION:

Every year you must renew your registration by submitting an Application for Renewal. The Department may mail you a courtesy notice about 60 days before expiration of your current registration. However, if you do not receive a renewal notice, you are still responsible for renewing your registration. If you renew your registration after the date of expiration, you will be charged a late fee of \$50.00.

### APPLICATION FOR SOLE-PROPRIETORSHIP, PARTNERSHIP OR CORPORATION:

If the repair shop is owned by a Sole-Proprietorship, Partnership, or Corporation, you must apply on the Automotive Repair Dealer (ARD) application for a Sole-Proprietorship, Partnership, or Corporation. To obtain the appropriate application form, please call (916) 255-3145.

### TYPE OF REPAIR BUSINESS REQUIRED TO REGISTER:

A valid registration is required for any business that performs, for compensation, repairs to, maintenance of, or diagnosis of malfunctions of any of the following automotive or motorcycle components:

AIR CONDITIONER	TRANSMISSION
BODY AND FRAME	STEERING GEAR
BRAKES	EXHAUST SYSTEM
CLUTCH	FUEL SYSTEM
DRIVE TRAIN ASSEMBLY	HEATER SYSTEM
ELECTRICAL SYSTEM	GLASS COMPONENTS
ENGINE	OTHER AUTOMOTIVE OR MOTORCYCLE COMPONENTS
SUSPENSION	(not specifically excluded)

### TYPE OF REPAIR BUSINESS NOT REQUIRED TO REGISTER:

No registration is required for the following:

- A business that services only vehicles other than passenger vehicles.
- A fleet owner repairing only fleet vehicles.
- A business that performs only minor maintenance services to motor vehicles.
- Machine shops that meet all of the following criteria:
  1. Primary business is the wholesale supply of new or rebuilt automotive parts; and
  2. Solely engages in the remanufacturing of individual automotive parts without compensation for warranty adjustments; and
  3. Does not engage in repairing or diagnosing malfunctions of motor vehicles or motorcycles.

### STILL NOT CERTAIN WHETHER OR NOT YOU ARE REQUIRED TO REGISTER?

Write to the Licensing Unit, P.O. Box 989001, West Sacramento, CA 95798-9001, or call (916) 255-3145. Explain your situation and give the phone number and business address at which you may be reached.

**INSTRUCTIONS FOR COMPLETING APPLICATION FOR REGISTRATION  
FOR A LIMITED LIABILITY COMPANY**

1. **NAME OF BUSINESS:** Write the exact name under which business will be conducted. This same name should be shown on invoices and advertisements.
2. **NAME OF DOMESTIC or FOREIGN LIMITED LIABILITY COMPANY:** Enter the exact name of the limited liability company as registered with the Office of the Secretary of State of the State of California.
3. **BUSINESS ADDRESS:** List the street address where the repair business is conducted. No Post Office Boxes are permitted. If your business is located at an address that has multiple shops, you must provide the unit or suite number, as each business must have a unique address. All licenses will be mailed to the business address of record.
4. **MAILING ADDRESS:** Complete **only** if you wish to receive correspondence at an address other than the business address. All licenses will be mailed to the business address.
5. **BUSINESS PHONE NUMBER:** You must list the business area code and telephone number where the repair business is conducted.
6. **LIST ALL MEMBERS OF THE LIMITED LIABILITY COMPANY:** Enter each person's Full Legal name, NO INITIALS, unless the legal name contains initials only. In that case you must add a statement so indicating. Each member's home address, title and driver's license number, if applicable. You must attach a photocopy of each individual's driver's license. If a driver's license is not applicable, attach another form of current photo identification. If necessary use page 4 of the application to enter additional members.
  - ♦ If a Member is a partnership, enter identifying information for all Partners.
  - ♦ If a Member is a corporation, enter identifying information for all corporate officers and directors. Under Corporations Code 312 a corporation must have three officers: A chief executive officer (i.e. president), secretary, and chief financial officer (i.e. treasurer). If the same person holds all offices, you must state so.
  - ♦ If a Member is a Trust, full disclosure is required and you must provide identifying information for all trustees.
7. **APPLICANT'S BACKGROUND:** Applies to all persons that are members.
  - a) Check "YES" or "NO", if yes, provide a detailed statement, including the crime, conviction and date of conviction. (For the purpose of the question "offense" does not apply to minor traffic violations).
  - b) Check "YES" or "NO", if yes, provide a detailed statement.
  - c & d) List the business names and registration numbers of all current and all prior licenses.
8. **LIMITED LIABILITY COMPANY SUPPORTING INFORMATION:**
  - a) **DOMESTIC LIMITED LIABILITY COMPANY:** Write the NUMBER for the Domestic Limited Liability Company. Attach a copy of your Limited Liability Company Articles of Organization and Charter, Limited Liability Company Statement of Information and Operating Agreement. If a Trust and/or Trustee is a member full disclosure is required and you must provide a copy of the Trust Agreement.
  - b) **FOREIGN LIMITED LIABILITY COMPANY:** Write the NUMBER for the Foreign Limited Liability Company. Attach a copy of your Operating Agreement, Limited Liability Company Certification of Registration, Limited Liability Company Articles of Organization and Charter, Limited Liability Company Statement of Information: and, a copy of the original Certificate of Good Standing. If a Trust and/or Trustee is a member full disclosure is required and you must provide a copy of the Trust Agreement.
9. **STATE AND FEDERAL TAX NUMBERS AND BUSINESS LICENSE:** Enter the Board of Equalization Seller Permit Number, Federal Employer Identification Number and Business license number. Attach a copy the supporting forms.
10. **TYPE OF BUSINESS:** In a and b, enter the primary and secondary automotive repair services performed. In c, check "YES" or "NO" if yes, you must answer d and enter your Hazardous Waste Identification Number and Spray Booth Permit Number.

11. CERTIFICATION: All persons that are members must read and sign and date the certification. All additional members must also sign and date the certification shown on page 4 of the application.